

UNITEDSTATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

ANNUAL AUDITED REPORT FORM X-17A-5 PART III

OMB APPROVAL

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Information Req	FACING PAGE uired of Brokers and Dealers Pu	rsuant to Section	on 17 of the
Securitie	s Exchange Act of 1934 and Rule	17a-5 Thereun	der
REPORT FOR THE PERIOD BEGI	INNING ///4/	AND ENDING	12/31/14
REPORT TOR THE TERIOD BEGI	MM/DD/YY		MM/DD/YY
	A. REGISTRANT IDENTIFICA	TION	
NAME OF BROKER-DEALER:	Berenson & Company	LLC	OFFICIAL USE ONLY
ADDRESS OF PRINCIPAL PLACE	E OF BUSINESS: (Do not use P.O. Box i	No.)	FIRM I.D. NO.
667 Madison 1	Ave., 4th F/r. (No. and Street) (State)		
	(No. and Street)		
Mew York	NY		10045
_ ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	(State)		(Zip Code)
(City)	•		
NAME AND TELEPHONE NUMB	ER OF PERSON TO CONTACT IN REG	ARD TO THIS RE	PORT
(City)	ER OF PERSON TO CONTACT IN REG 112-446-1735	ARD TO THIS RE	PORT (Area Code – Telephone Number)
NAME AND TELEPHONE NUMB	ER OF PERSON TO CONTACT IN REG 12-446-1735 B. ACCOUNTANT IDENTIFICA		
NAME AND TELEPHONE NUMB	B. ACCOUNTANT IDENTIFICA	TION	
NAME AND TELEPHONE NUMB Michael Lewis INDEPENDENT PUBLIC ACCOUNT	B. ACCOUNTANT IDENTIFICA NTANT whose opinion is contained in the	TION	
NAME AND TELEPHONE NUMB	B. ACCOUNTANT IDENTIFICA NTANT whose opinion is contained in the	TION is Report*	
NAME AND TELEPHONE NUMB Michael Lewis INDEPENDENT PUBLIC ACCOUNT	B. ACCOUNTANT IDENTIFICA NTANT whose opinion is contained in the	TION is Report*	
NAME AND TELEPHONE NUMB Michael Lewis INDEPENDENT PUBLIC ACCOUNT FISHER OMPER	B. ACCOUNTANT IDENTIFICA NTANT whose opinion is contained in the	TION is Report* middle name)	(Area Code – Telephone Number)
NAME AND TELEPHONE NUMB Michael Lewis INDEPENDENT PUBLIC ACCOUNT	B. ACCOUNTANT IDENTIFICA NTANT whose opinion is contained in the (Name - if individual, state last, first,	TION is Report* middle name)	(Area Code – Telephone Number
NAME AND TELEPHONE NUMB Michael Lewis INDEPENDENT PUBLIC ACCOUNT TISHER OMPER (Address) CHECK ONE:	B. ACCOUNTANT IDENTIFICA NTANT whose opinion is contained in the (Name - if individual, state last, first, (City)	TION is Report* middle name)	(Area Code – Telephone Number
NAME AND TELEPHONE NUMB Michael Lewis INDEPENDENT PUBLIC ACCOUNT ETSNer Omper (Address) CHECK ONE:	B. ACCOUNTANT IDENTIFICA NTANT whose opinion is contained in the (Name - if individual, state last, first, (City)	TION is Report* middle name)	(Area Code – Telephone Number) (Zip Code) (Zip Code)
NAME AND TELEPHONE NUMB Michael Lewis INDEPENDENT PUBLIC ACCOUNT (Address) CHECK ONE: Certified Public Accountant	B. ACCOUNTANT IDENTIFICA NTANT whose opinion is contained in the (Name - if individual, state last, first, (City)	TION is Report* middle name) (State)	(Area Code – Telephone Number)
NAME AND TELEPHONE NUMB Michael Lewis INDEPENDENT PUBLIC ACCOUNT (Address) CHECK ONE: Certified Public Accountant	B. ACCOUNTANT IDENTIFICA NTANT whose opinion is contained in the (Name - if individual, state last, first, (City)	TION is Report* middle name) (State)	(Area Code – Telephone Number) (Zip Code) (Zip Code)

*Claims for exemption from the requirement that the annual report be covered by the opinion of an independent public accountant must be supported by a statement of facts and circumstances relied on as the basis for the exemption. See Section 240.17a-5(e)(2)

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

SEC 1410 (06-02)



(33-REV 7/10)

SECURITIES INVESTOR PROTECTION CORPORATION P.O. Box 92185 Washington, D.C. 20090-2185 202-371-8300

General Assessment Reconciliation

For the fiscal year ended 12/31/2014 (Read carefully the instructions in your Working Copy before completing this Form)

TO BE FILED BY ALL SIPC MEMBERS WITH FISCAL YEAR ENDINGS

		IFO WEWDERO WITH FROM	and the second s
1. Na purpo	me of Member, address, Designated Examining Abses of the audit requirement of SEC Rule 17a-5: 8*8*********************************	: 	Note: If any of the information shown on the mailing label requires correction, please e-mail any corrections to form@sipc.org and so indicate on the form filed. Name and telephone number of person to contact respecting this form. Hichael Lewis, 212.446.1735
	General Assessment (item 2e from page 2) Less payment made with SIPC-6 filed (exclude in	nterest)	\$ 35,970 (29 ,970
C	Date Paid Less prior overpayment applied		(
	Assessment balance due or (overpayment)		
	Interest computed on late payment (see instruc	ction E) for days at 20% i	er annum
Ε.			\$ 6000
۲.	Total assessment balance and interest due (or	overpayment carned forward)	
G	. PAID WITH THIS FORM: Check enclosed, payable to SIPC Total (must be same as F above)	\$ 6000	
Н	. Overpayment carried forward	\$()
	ibsidiaries (S) and predecessors (P) included in second se	this form (give name and 1934 /	act registration number):
perso that	on by whom it is executed represent thereby all information contained herein is true, correct complete.	Berenson + Midwy Jelly	Company, LLC Corporation, Partnership or other organization) (Authorized Signature)
Date	d the 16 day of <u>January</u> , 20 <u>15</u> .	CFO	
This for a	form and the assessment payment is due 60 of period of not less than 6 years, the latest 2 y	days after the end of the fisca years in an easily accessible p	year. Retain the Working Copy of this form lace.
C REVIEWER	Postmarked Received	Reviewed	5 10
2	Calculations	Documentation	Forward Copy
೮	Exceptions:		

DETERMINATION OF "SIPC NET OPERATING REVENUES" AND GENERAL ASSESSMENT

Amounts for the fiscal period beginning 1/1/2014 and ending 12/31/2014

Item No. 2a. Total revenue (FOCUS Line 12/Part IIA Line 9, Code 4030)	Eliminate cents \$ 14,387,806
2b. Additions:(1) Total revenues from the securities business of subsidiaries (except foreign subsidiaries) and predecessors not included above.	
(2) Net loss from principal transactions in securities in trading accounts.	
(3) Net loss from principal transactions in commodities in trading accounts.	
(4) Interest and dividend expense deducted in determining item 2a.	
(5) Net loss from management of or participation in the underwriting or distribution of securities.	
(6) Expenses other than advertising, printing, registration fees and legal fees deducted in determining net profit from management of or participation in underwriting or distribution of securities.	
(7) Net loss from securities in investment accounts.	
Total additions	
 2c. Deductions: (1) Revenues from the distribution of shares of a registered open end investment company or unit investment trust, from the sale of variable annuities, from the business of insurance, from investment advisory services rendered to registered investment companies or insurance company separate accounts, and from transactions in security futures products. 	
(2) Revenues from commodity transactions.	
(3) Commissions, floor brokerage and clearance paid to other SIPC members in connection with securities transactions.	
(4) Reimbursements for postage in connection with proxy solicitation.	
(5) Net gain from securities in investment accounts.	
(6) 100% of commissions and markups earned from transactions in (i) certificates of deposit and (ii) Treasury bills, bankers acceptances or commercial paper that mature nine months or less from issuance date.	
(7) Direct expenses of printing advertising and legal fees incurred in connection with other revenue related to the securities business (revenue defined by Section 16(9)(L) of the Act).	
(8) Other revenue not related either directly or indirectly to the securities business. (See Instruction C):	
(Deductions in excess of \$100,000 require documentation)	
(9) (i) Total interest and dividend expense (FOCUS Line 22/PART IIA Line 13, Code 4075 plus line 2b(4) above) but not in excess of total interest and dividend income.	·
(ii) 40% of margin interest earned on customers securities accounts (40% of FOCUS line 5, Code 3960).	
Enter the greater of line (i) or (ii)	
Total deductions	
2d. SIPC Net Operating Revenues	\$ 14,387,806
2e. General Assessment @ .0025	\$ 35,970
	(to page 1, line 2.A.)